

**FORM
INSP**

Rev
05/11

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

06/17/2016

Document Number:

679901626

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>212667</u>	<u>324798</u>	<u>Welsh, Brian</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>95620</u>
Name of Operator:	<u>WESTERN OPERATING COMPANY</u>
Address:	<u>518 17TH ST STE 200</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Quint, Craig		craig.quint@state.co.us	
Hart, Dale	719-688-1638	dale@westernoperating.com	

Compliance Summary:

QtrQtr: <u>SWSW</u> Sec: <u>9</u> Twp: <u>19S</u> Range: <u>45W</u>							
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/17/2016	679901538	IJ	AC	SATISFACTORY			No
06/19/2015	680000018	IJ	AC	SATISFACTORY			No
04/30/2014	668602583	IJ	AC	SATISFACTORY	P		No
05/07/2013	668600741	IJ	AC	SATISFACTORY			No
09/26/2012	668200173	IJ	IJ	SATISFACTORY			No
03/09/2012	664000403	IJ	AO	ACTION REQUIRED			No
02/10/2012	664000355	IJ	AO	ACTION REQUIRED		Fail	No
02/02/2012	664000346	IJ	AO	ACTION REQUIRED			No
06/30/2011	200314346	MI	SI	ACTION REQUIRED			No
06/10/2011	200312326	MI	AC	ACTION REQUIRED			Yes
06/02/2011	200312527	ES	AC	ACTION REQUIRED			Yes
05/06/2011	200310049	RT	AC	ACTION REQUIRED			No
12/09/2010	200288159	ES	AC	ACTION REQUIRED			Yes
06/29/2010	200261215	ES	AO	ACTION REQUIRED			Yes
05/28/2010	200253227	CO	AO	ACTION REQUIRED			Yes
04/12/2010	200242416	RT	AC	SATISFACTORY			No
06/17/2009	200213262	RT	AC	SATISFACTORY			No
07/11/2008	200192441	RT	AC	SATISFACTORY			No
04/06/2007	200108904	RT	AC	SATISFACTORY		Pass	No
07/05/2006	200094293	MI	AC	SATISFACTORY		Pass	No

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07/26/2005	200074849	RT	AC	SATISFACTORY		Pass	No
07/27/2004	200058118	RT	AC	SATISFACTORY		Pass	No
08/20/2003	200043210	RT	AC	SATISFACTORY		Pass	No
07/24/2002	200029480	RT	AC	SATISFACTORY		Pass	No
08/21/2001	200019520	MI	AC	SATISFACTORY		Pass	No
08/28/2000	200009366	RT	AC	SATISFACTORY	I	Pass	No
03/20/2000	200005256	PR	AC	SATISFACTORY	I	Pass	No
11/12/1998	500144528	PR	AC			Pass	No
03/04/1996	500144527	PR	AC			Pass	No
10/27/1995	500144526	PR	AC			Pass	No
04/07/1994	500144525		AC				

Inspector Comment:

5 year UIC MIT

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
115287	PIT		09/23/1999		-	KING PYLES 2	
150316	UIC DISPOSAL	AC	09/12/1991		-	KING-PYLES 2	AC
212667	WELL	IJ	09/12/1991	DSPW	061-06027	KING-PYLES 2	AC

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	Gravel road through pasture		

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Lease sign at wellhead		

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Metal panels around wellhead		

Equipment:				
Type:	#	Satisfactory/Action Required:		
Comment				
Corrective Action				Date:

Venting:	
Yes/No	NO
Comment	

Flaring:			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 212667

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AR: SATISFACTORY Comment: No COAs

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 212667 Type: WELL API Number: 061-06027 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: MSSP

TC: Pressure or inches of Hg _____

Previous Test Pressure _____

Last MIT: 06/30/2011

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: _____

Tbg psi: -8" HG

Csg psi: 0 PSIG

BH psi: _____

Insp. Status: Pass

Comment: **INITIAL CSG HAD LIGHT BLOW, DIED IMMEDIATELY. MIRU PROSTIM. LOADED W/1BBL. PRESSURED CSG TO 360 PSIG. 5 MIN 360#. 10 MIN 360#. 15 MIN 360#. 0 PSI LOSS**

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass
 CM _____
 CA _____ CA Date _____

Guy line anchors marked? Pass
 CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			

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Gravel	Pass	Gravel	Pass			
S/A/V: SATISFACTOR		Corrective Date: _____				
Y _____						
Comment: _____						
CA: _____						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
679901626	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3881705